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Image# 201609029023771393

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Auti	nonzea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Mississippi Conservativ	/es		
ADDRESS (number and street)	PO Box 2096		
Check if different			
than previously reported. (ACC)	Jackson		MS 39225
2. FEC IDENTIFICATION NU	MBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00554774		S THIS NEW (N) O	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report  Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (Q	1)	20 (M4) Jul 20 (M	
July 15 Quarterly Report (Q	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	E) Electio	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	<b>✗</b> General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	n on 11 / 04	in the State of MS
5. Covering Period 10		through 11	M / D D / Y Y Y Y Y 2 Y 2 Y 2 2014
I certify that I have examined thi	s Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Mr. Brian Perry		
Signature of Treasurer Mr. B	rian Perry	[Electronically Filed]	Date 09 / 02 / 2016
NOTE: Submission of false, errone	ous, or incomplete information	n may subject the person signir	g this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Mississippi Conservatives 10 16 2014 24 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2014 (b) Cash on Hand at 337617.10 Beginning of Reporting Period..... 0.00 3357903.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 3357903.00 337617.10 6(a) and 6(c) for Column B)..... 287046.83 3307332.73 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 50570.27 50570.27 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ivilooloolppi Oollool valivoo	M	iss	iss	ipp	i (	Conservative	s
-------------------------------	---	-----	-----	-----	-----	--------------	---

Report Covering the Period: From: 10 16 2014 To: 11 24 2014				
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees	0.00	2476200.00		
(i) Itemized (use Schedule A)	0.00	2476200.00		
(ii) Unitemized	0.00	310.00		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)▶	0.00	2476510.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	553193.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry	0.00	3029703.00		
Totals to Line 33, page 5)	0.00	3029703.00		
2. Transfers From Affiliated/Other	0.00	0.00		
Party Committees	0.00	0.00		
O. All Leans Dessived	0.00	250150.00		
3. All Loans Received	5.55	250.000		
	0.00	0.00		
I. Loan Repayments Received	0.00	0.00		
5. Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)	0.00	73000.00		
(Carry Totals to Line 37, page 5)	0.00	7 3000.00		
to Federal Candidates and Other				
Political Committees	0.00	5000.00		
7. Other Federal Receipts		3555155		
(Dividends, Interest, etc.)	0.00	50.00		
B. Transfers from Non-Federal and Levin Funds				
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
,				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
<ul><li>7). Total Receipts (add Lines 11(d),</li><li>12, 13, 14, 15, 16, 17, and 18(c))</li></ul>	0.00	3357903.00		
_	4			
). Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	0.00	3357903.00		

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period	
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	207.40.00	04400744
Expenditures(c) Total Operating Expenditures	39740.00	841327.1
(add 21(a)(i), (a)(ii), and (b))▶	39740.00	841327.11
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	20600.00	177600.00
Independent Expenditures	26706.83	1838255.62
(use Schedule E)		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	250150.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	200000.00	200000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
		7
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	200000.00	200000.00
Other Disbursements	0.00	0.00
	7	7 7
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)	200	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	287046.83	3307332.73
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	287046.83	3307332.73

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	3029703.00
4. Total Contribution Refunds (from Line 28(d))	200000.00	200000.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-200000.00	2829703.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	39740.00	841327.11
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	73000.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	39740.00	768327.11

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE NUMBER: PAGE 6 OF 2		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Gricok Grily	one) 22 23 23 28a 28b	24 25 2 28c 29
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full)  Mississippi Conservatives	, , ,			
Full Name (Last, First, Middle Initial)				
- Camille Barbour			Date of Disburseme	
Mailing Address 4612 Trawick Dr			11 05	2014
•	State Zip Code		Transaction ID : S	R21R 4978
Jackson Purpose of Disbursement	MS 39211		Transaction ib . 3	B21B.4910
Canvassing		001	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		190.00
Office Cought		Type		190.00
Office Sought: House Disburser  Senate President	ment For: 2014 Primary  General Other (specify)		Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) - Mala Brooks			Date of Disburseme	ent
Mailing Address PO Box 426			10 29	2014
Leland	State Zip Code MS 38756		Transaction ID : S	6B21B.4971
Purpose of Disbursement Canvassing / Door to Door GOTV		001	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		2000.00
Office Sought:    House   Disburser	ment For: 2014 Primary		Memo Item	
Full Name (Last, First, Middle Initial)  Mala Brooks			Date of Disburseme	
Mailing Address PO Box 426			11 / 03	2014
Leland	State Zip Code MS 38756		Transaction ID : S	B21B.4974
Purpose of Disbursement Canvassing / Door to Door GOTV		001	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		1600.00
Office Sought: House Disburser Senate President State: District:	ment For: 2014 Primary 🗶 General Other (specify) 🔻		Memo Item	
SUBTOTAL of Disbursements This Page (optional)				3790.00

ITEMIZED DISBURSEMENTS	I llog congrete cohodulo(c) I	LINE NUMBER:       PAGE       7 OF       21         k only one)       21b       22       23       24       25       26         27       28a       28b       28c       29       30b
Any information copied from such Reports and State or for commercial purposes, other than using the na  NAME OF COMMITTEE (In Full)  Mississippi Conservatives  Full Name (Last, First, Middle Initial)		
A. Connection Strategy LLC  Mailing Address PO Box 2192		Date of Disbursement  10 31 2014
City Arlington Purpose of Disbursement GOTV ID Phone Calls  Candidate Name  Office Sought: House Senate President State: District:	State Zip Code VA 22202  001  Catego Type ment For: 2014 Primary X General Other (specify)   Other (specify)	
Senate President State: District:	State Zip Code MS 39760  001  Category Type ment For: 2014 Primary X General Other (specify) V	
Full Name (Last, First, Middle Initial)  C. Mr. Carl Nicholson  Mailing Address PO Box 15099  City Hattiesburg Purpose of Disbursement Canvassing / Door-to-Door GOTV  Candidate Name	State Zip Code MS 39401  001  Catego Type ment For: 2014	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	_
TEMIZED DISBURSEMENTS	for each category of the	(check only	one) 22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	The state of the s		33. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Mississippi Conservatives			
Full Name (Last, First, Middle Initial)			2.424
A. Paradigm Government Relations			Date of Disbursement
Mailing Address 530 George St.			10 31 2014
City S Jackson	State Zip Code MS 39202		Transaction ID : SB21B.5003
Purpose of Disbursement	39202		
Canvassing / Get Out The Vote (GOTV)		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	14000.00
Office Sought: House Disbursen	ment For: 2014		Memo Item
	Primary General		_
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
3. Floyd Smith			Date of Disbursement
Mailing Address 210 E. Capitol St. Ste. 1262			11 05 2014
Jackson	State Zip Code MS 39201		Transaction ID : SB21B.4991
Purpose of Disbursement GOTV Canvassing		001	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	400.00
Senate	nent For: 2014 Primary		Memo Item
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Data of Dishursansant
Susan Smith			Date of Disbursement
Mailing Address 210 E Capitol St. Ste. 1262			10 23 2014
City	State Zip Code		Transaction ID : SB21B.4969
Jackson Purpose of Disbursement	MS 39201		
Gas for Get-Out-the-Vote Efforts		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	20.00
Office Sought: House Disbursen	ment For: 2014	- 7 8 9	Memo Item
	Primary General		
State: President X	Other (specify) ▼ Runoff		
Side Plottot	Kulloli		
SUBTOTAL of Disbursements This Page (optional)			14420.00
TOTAL The Board Waster and Co.		<u> </u>	
TOTAL This Period (last page this line number only)		▶	

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE I	one)
	Detailed Summary Page	<b>X</b> 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  Mississippi Conservatives			
Full Name (Last, First, Middle Initial)  Calvin Stewart			Date of Disbursement
Mailing Address 54 Worthington Ave.			10 30 2014
Rolling Fork	State Zip Code MS 39159		Transaction ID : SB21B.4972
Purpose of Disbursement Canvassing / Door-to-Door GOTV Candidate Name		001	Amount of Each Disbursement this Period
	nent For: 2014	Category/ Type	800.00 Memo Item
Senate	Primary General Other (specify)		Mello Itelli
Full Name (Last, First, Middle Initial)  3. Mr. Sam Thompson			Date of Disbursement
Mailing Address 5250 Davidson Rd.			10 24 / Y Y Y Y Y 2014
Meridian Purpose of Disbursement	State Zip Code MS 39307		Transaction ID : SB21B.4968
Canvassing / Door-to-Door GOTV  Candidate Name		001 Category/ Type	Amount of Each Disbursement this Period 2000.00
Senate	nent For: 2014 Primary 🗶 General Other (specify) 🔻	Туре	Memo Item
Full Name (Last, First, Middle Initial)  Terrell Thompson			Date of Disbursement
Mailing Address 3608 N Highland Ave.			10 22 2014
	State Zip Code MS 39301		Transaction ID : SB21B.4965
Candidate Name	[	001 Category/ Type	Amount of Each Disbursement this Period 6500.00
Senate	nent For: 2014 Primary		Memo Item
SUBTOTAL of Disbursements This Page (optional)			9300.00
TOTAL This Period (last page this line number only).			

TEMIZED DISBURSEMENTS	l loo coporato cabadula(a) l	FOR LINE NUMBER: PAGE 10 OF 21 (check only one)    X   21b   22   23   24   25   26
	, ,	27 28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam		y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Mississippi Conservatives		
Full Name (Last, First, Middle Initial)  Trustmark Bank		Date of Disbursement
Mailing Address 190 E Capitol St.		11 03 2014
Jackson	state Zip Code MS 39201	Transaction ID : SB21B.5005
Purpose of Disbursement Bank Fee		001 Amount of Each Disbursement this Period
Candidate Name		ategory/ Type 5.00
Senate President	nent For: 2014 Primary 🗶 General Other (specify) 🔻	Memo Item
State: District:  Full Name (Last, First, Middle Initial)		
3. Winning Edge		Date of Disbursement
Mailing Address PO Box 269		11 03 2014
City S Alexandria Purpose of Disbursement	State Zip Code AL 36250	Transaction ID : SB21B.4963
Canvassing Materials  Candidate Name		004 Amount of Each Disbursement this Period
		ategory/ Type 3000.00
Senate President	nent For: 2014  Primary General  Other (specify)	Memo Item
State: District:		The state of the s
Full Name (Last, First, Middle Initial)		Date of Disbursement
Full Name (Last, First, Middle Initial)  Mailing Address  City	state Zip Code	
Full Name (Last, First, Middle Initial)  Mailing Address	State Zip Code	
Full Name (Last, First, Middle Initial)  Mailing Address  City	Ca	M M / D D / Y Y Y
Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Senate	Ca	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought:  House Senate President	canent For: Primary General Other (specify) ▼	Amount of Each Disbursement this Period ategory/ Type  Memo Item

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 21 (check only one)  21b 22 X 23 24 25 26 27 28a 28b 28c 29 30b
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  Mississippi Conservatives	ents may not be sold or used to and address of any political of	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  ALL CITIZENS FOR MISSISSIPPI  Mailing Address 1750 ELLIS AVENUE		Date of Disbursement  10 24 2014
JACKSON Purpose of Disbursement Contribution Candidate Name  Office Sought: House Disbursem Senate	tate Zip Code MS 39204  Comment For: 2014  Primary  General  Other (specify)	Transaction ID : SB23.4967  Amount of Each Disbursement this Period  Category/ Type  Memo Item
Full Name (Last, First, Middle Initial)  3. ALL CITIZENS FOR MISSISSIPPI  Mailing Address 1750 ELLIS AVENUE  City S JACKSON Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Senate	tate Zip Code MS 39204  Compared to the control of	Date of Disbursement  M M M / 29 / 2014  Transaction ID: SB23.4966  O11 Category/ Type  Memo Item
Purpose of Disbursement  Candidate Name  Office Sought: House Disbursem Senate		Date of Disbursement  M M / D D / Y Y Y Y Y  Amount of Each Disbursement this Period  Category/ Type  Memo Item

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  Mississippi Conservatives			
Full Name (Last, First, Middle Initial)  A. Liberty Springs  Mailing Address PO Box 320001			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Flowood	tate Zip Code MS 39232		Transaction ID : SB28A.4976
Purpose of Disbursement Contribution Refund Candidate Name	[	010 Category/ Type	Amount of Each Disbursement this Period 200000.00
	ent For:  Primary General  Other (specify)	Туро	Memo Item
B.  Full Name (Last, First, Middle Initial)  Mailing Address			Date of Disbursement
Purpose of Disbursement  Candidate Name  Office Sought: House Disbursem Senate President		Category/ Type	Amount of Each Disbursement this Period  Memo Item
State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address			Date of Disbursement
Purpose of Disbursement  Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	ent For:  Primary General  Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)			200000.00

Signature

## SCHEDIII F F (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 13 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
Mississippi Conservatives	C00554774
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Full Name of Payee	iblic Distribution/Dissemination
Mailing Address PO Bo 278  Amount	30 2014
City State Zip Code	392.92
Date of Dis	n ID: SE.4913 sbursement or Obligation
Purpose of Expenditure Newspaper Advertisement  Category/ Type  004  10	23 / 2014
Name of Federal Candidate  X Support Office Sought:	House District:
Thad Cochran Oppose President	Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2014  Other	r: Primary
Capstone Public Affairs LLC  Mailing Address PO Box 2096	ublic Distribution/Dissemination
Amount	
City State Zip Code  Jackson MS 39225 Transaction	1000.00 n ID : SE.4952
Date of Di	sbursement or Obligation
Purpose of Expenditure Digital Advertisement  Category/ Type 004 10	30 2014
Name of Federal Candidate  Support  Office Sought:	House District:
Thad Cochran Oppose President	Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2014  Other	r: Primary <b>X</b> General (specify) •
(a) SUBTOTAL of Itemized Independent Expenditures	1392.92
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7 1
(c) TOTAL Independent Expenditures	4 1 4 1 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coope with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Mr. Brian Perry [Electronically Filed] Date 09 0	

Date

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE FOR			OF OF	21 FORM	3X
ט	ENTI	FICA	ПОИ	NU	MBER	▼
	ENTII 00055	-	÷	NU	MBER	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives		C C00554774
Check if 24-hour report 48-hour report New report	Amends report filed or	n
Full Name of Payee Deer Creek Pilot	☐ Memo Item ☐	Date of Public Distribution/Dissemination
Mailing Address		10 30 / Y Y Y Y 1
PO Box 398	<i>F</i>	Amount
City State Zip Cod	e	315.00
Rolling Fork MS 39159		ransaction ID : SE.4914 Date of Disbursement or Obligation
Purpose of Expenditure Newspaper Advertisement  Category Ty	ry/ pe 004	10 23 / Y 2014
Name of Federal Candidate	Support Office S	Sought: House District:
Thad Cochran	Oppose P	resident Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		ement For: Primary   General  Other (specify) ▶
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Greenwood Commonwealth		11 02 2014
Mailing Address PO Box 8050		Amount
City State Zip Cod	e	625.65
Geenwood MS 38935		ransaction ID : SE.4959 Date of Disbursement or Obligation
Purpose of Expenditure Newspaper Advertisement  Catego Ty	ry/ pe 004	10 31 7 2014
Name of Federal Candidate	Support Office S	Sought: House District:
Thad Cochran	Oppose P	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 25932		ement For:  Primary  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······ [	940.65
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	7 7 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Mr. Brian Perry [Electronically File	d] Date 09	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Mr. Brian Perry

Signature

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES			PAGE 15	OF 21 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)		FEC II		ON NUMBER ▼
N	Mississippi Conservatives			C00554774	
Cl	heck if 24-hour report 48-hour report New report Amends report fil		- M	/ D = D /	Y Y Y Y Y
	Full Name of Payee	Date o	f Publi	c Distribution	/Dissemination
	, and the second		10 <sup>M</sup>	30	2014
	Mailing Address PO Box 219	Amour	t		
	City State Zip Code	1			1584.45
	Ridgeland MS 39158			D: SE.4933 ursement or (	Obligation
	Purpose of Expenditure Newspaper Advertisement  Category/ Type 004	M	10 <sup>M</sup>	27	2014
	Name of Federal Candidate Support Of	ice Sought	: [	House	District:
	Thad Cochran Oppose	Preside	nt [	<b>X</b> Senate	State: MS
	Calendar Year-To-Date Per Election for Office Sought  Display:			Primary	<b>X</b> General
	Magee Courier  Mailing Address 206 Main Avenue North	Amour	10	30	2014
	City State Zip Code	1 [			653.40
	Magee MS 39111			D: SE.4934 ursement or 0	Obligation
	Purpose of Expenditure Newspaper Advertisement  Category/ Type 004		10 <sup>M</sup>	/ 27 /	2014
	Name of Federal Candidate Support Of	ice Sought	: [	House	District:
	Thad Cochran Oppose	Preside	nt	<b>x</b> Senate	State: MS
	Calcilidal Ical Io Date	sbursement		Primary	√ <b>X</b> General
	(a) SUBTOTAL of Itemized Independent Expenditures				2237.85
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures		-7		
	Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.				

[Electronically Filed]

09

Date

02

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITUR	ES			PAGE 16 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Mississippi Conservatives				C C00554774
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y
Full Name of Payee		☐ Memo Ite	.em Date of	Public Distribution/Dissemination
Natchez Democrat			M 10	
Mailing Address 503 N Canal Street			Amount	
City	State	Zip Code		1257.75
Natchez	MS	39120		ion ID : SE.4946 Disbursement or Obligation
Purpose of Expenditure Newspaper Advertisment		Category/ Type 004	Date of	M / D D / Y Y Y Y
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	House District:
Thad Cochran		Oppose	President	MS
Calendar Year-To-Date Per Election for Office Sought	.,,	7578.33	Disbursement F	For: Primary General er (specify)
Full Name of Payee		☐ Memo Ite		Public Distribution/Dissemination
Starkville Daily News				M / D D / Y Y Y Y
Mailing Address 304 E. Lampkin Street			Amount	سندا لنا ك
City	State	Zip Code		774.00
Starkville	MS	39759		iion ID : SE.4960 Disbursement or Obligation
Purpose of Expenditure Newspaper Advertisement		Category/ Type 004	M	
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	House District:
Thad Cochran		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		26706.83	Disbursement F	For: Primary General er (specify)
				er (Specify)
(a) SUBTOTAL of Itemized Independent Expend	ditures		•	2031.75
(b) SUBTOTAL of Unitemized Independent Expe	enditures		· <b>- - - - - - - - - -</b>	7
(c) TOTAL Independent Expenditures			· .	7 1 7 1 5
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	ndidate or authorized			
Mr. Brian Perry	[Electron	nically Filed]	00	02 / Y = Y = Y
Signature	[Liven J	Date	9 09	02 2016

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 17 OF 21 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00554774
iled on
Date of Public Distribution/Dissemination
10 30 / Y Y Y Y Y
Amount
529.20
Transaction ID : SE.4910  Date of Disbursement or Obligation
10 23 / Y Y Y Y Y
ffice Sought: House District:
President Senate State: MS
isbursement For: Primary
Date of Public Distribution/Dissemination
10 30 7 2014
Amount
439.20
Transaction ID : SE.4916  Date of Disbursement or Obligation
10 23 2014
Office Sought: House District:
President Senate State: MS
oisbursement For: Primary General O14 Other (specify)
968.40
.

NAME OF COMMITTEE (In Full) Mississippi Conservatives 24-hour report 48-hour report Check if New report Amends report f Full Name of Payee Memo Item The Carthagian Mailing Address PO Box 457 City State Zip Code MS Carthage 39051 Purpose of Expenditure Category/ Newspaper Advertisement 004 Type Name of Federal Candidate 0 X Support Thad Cochran Oppose D Calendar Year-To-Date 2 529.20 Per Election for Office Sought Memo Item Full Name of Payee The Enterprise-Tocsin Mailing Address PO Box 650 City State Zip Code Indianola MS 38751 Purpose of Expenditure Category/ Newspaper Advertisement 004 Type Name of Federal Candidate **✗** Support Thad Cochran Oppose D 2 Calendar Year-To-Date 2046.22 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Mr. Brian Perry [Electronically Filed] 09 02 2016 Date Signature

## S

Mr. Brian Perry

Signature

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURES				PAGE 18 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives				C C00554774
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y = Y = Y
Full Name of Payee The Jackson Advocate		☐ Memo It	Bate	f Public Distribution/Dissemination
Mailing Address				10 29 / 2014
PO Box 3708			Amour	nt
City	State	Zip Code		600.00
Jackson	MS	39207		ction ID : SE.4941  If Disbursement or Obligation
Purpose of Expenditure		Category/	М	M / D D / Y Y Y Y
Newspaper Advertisment		Type 004		10 29 2014
Name of Federal Candidate		<b>x</b> Support	Office Sought	: House District:
Thad Cochran		Oppose	Preside	nt Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	7	6320.58	Disbursement 2014 Ot	For: Primary
Full Name of Payee		☐ Memo Ite	m Date o	of Public Distribution/Dissemination
The Mississippi Link			М	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 11307			Amour	nt
City	State	Zip Code		600.00
Jackson	MS	39283		ction ID : SE.4940  of Disbursement or Obligation
Purpose of Expenditure Newspaper Advertisement		Category/ Type 004	M	10 29 / 2014
Name of Federal Candidate		<b>X</b> Support	Office Sought	t: House District:
Thad Cochran		Oppose	Preside	Me
Calendar Year-To-Date Per Election for Office Sought	<b></b>	5720.58	Disbursement 2014	t For: Primary   General  ther (specify)
	,			iner (specify) -
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	1200.00
(b) SUBTOTAL of Unitemized Independent Expendit	tures			
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•

[Electronically Filed]

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Date

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CHEDULE E (FEC Form 3X)					
MIZED INDEPENDENT EXPENDITURES	PAGE	19	OF	21	1
	FOR LI	NE 24	OF FC	RM 3X	1

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives	C C00554774
Check if 24-hour report 48-hour report New report Amends	s report filed on
	emo Item Date of Public Distribution/Dissemination
The Northside Sun	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 16709	Amount
City State Zip Code	836.51
Jackson MS 39236	Transaction ID : SE.4917  Date of Disbursement or Obligation
Purpose of Expenditure Newspaper Advertisement  Category/ Type	004 10 / 23 / 2014
Name of Federal Candidate	ort Office Sought: House District:
Thad Cochran Oppo	
Calendar Year-To-Date Per Election for Office Sought 2882.73	Disbursement For: Primary   2014   Other (specify) ▶
Full Name of Payee	mo Item Date of Public Distribution/Dissemination
The Wayne County News	Date of Public Distribution/Dissernination
Mailing Address PO Box 509	Amount
City State Zip Code	369.90
Waynesboro MS 39367	Transaction ID : SE.4915  Date of Disbursement or Obligation
Purpose of Expenditure Newspaper Advertisement  Category/ Type	004 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Supp	ort Office Sought: House District:
Thad Cochran Oppo	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1206.41
(b) SUBTOTAL of Unitemized Independent Expenditures	······· <b>&gt;</b>
(c) TOTAL Independent Expenditures	······· <b>·</b>
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or ac party committee) any political party committee or its agent.	
Mr. Brian Perry [Electronically Filed]	Date 09 02 2016
Signature	Date 09 02 2016

Signature

TEMIZED INDEPENDENT EXPENDITU	RES				AGE 20	OF 21
NAME OF COMMITTEE (In Full)						
Mississippi Conservatives				FEC IDE	NTIFICATIO	N NUMBER ▼
				C co	00554774	
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M = M /	D   D /	Y Y Y Y Y
Full Name of Payee		Memo It	em Date	of Public [	Distribution/E	Dissemination
Winning Edge				M M / / 10	30 /	2014
Mailing Address PO Box 269			Amo	unt		
City	State	Zip Code	— Г			6996.54
Alexandria	AL	36250		action ID : of Disburs	SE.4949 ement or Ol	oligation
Purpose of Expenditure Mail Postage, Printing and Production		Category/ Type 004		10	31 /	2014
Name of Federal Candidate		<b>✗</b> Support	Office Souc	ıht·	House D	District:
Thad Cochran		Oppose	President Presid			State: MS
Calendar Year-To-Date Per Election for Office Sought		15574.87	Disburseme 2014	ent For:	Primary	<b>X</b> General
Full Name of Payee		☐ Memo Ite	m Date	of Public I	Distribution/[	Dissemination
Winning Edge				M M /	30	2014
Mailing Address PO Box 269			Amo	ount		
City	State	Zip Code	-			9232.31
Alexandria	AL	36250		action ID:	SE.4950 sement or O	
Purpose of Expenditure Mail Postage, Printing and Production		Category/ Type 004		M M / 10	31 /	2014
Name of Federal Candidate		<b>✗</b> Support	Office Soug	nht:	House D	District:
Thad Cochran		Oppose	Presi		Senate	State: MS
Calendar Year-To-Date Per Election for Office Sought		24807.18	Disburseme 2014	ent For: Other (spec	Primary	<b>X</b> General
(a) SUBTOTAL of Itemized Independent Exper	nditures				-7-	16228.85
(b) SUBTOTAL of Unitemized Independent Exp	penditures		· • [			
(c) TOTAL Independent Expenditures			· [	-7	- 75	-
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized					
Mr. Brian Perry	[Electron	ically Filed]	M M M /	02	/ Y Y 2016	Y Y

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Date

Mr. Brian Perry

Signature

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITUR	ES			PAGE 21 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Mississippi Conservatives				C C00554774
Check if 24-hour report 48-hour report	New report	Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Winning Edge		☐ Memo Ite	Date of	Public Distribution/Dissemination
Mailing Address PO Box 269			Amount	
City	State Z	p Code	Amount	500.00
Alexandria		6250		ion ID : SE.4951 Disbursement or Obligation
Purpose of Expenditure Newspaper Advertisement		Category/ Type 004	M 10	M / D D / Y Y Y Y
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District:
Thad Cochran		Oppose	President	t Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	.,,	25307.18	Disbursement F 2014 Othe	For: Primary
Full Name of Payee		☐ Memo Ite	m Date of	Public Distribution/Dissemination
			M	M / D D / Y Y Y Y
Mailing Address			Amount	
City	State Z	ip Code		, , ,
			Date of	Disbursement or Obligation
Purpose of Expenditure		Category/ Type	М	M / D D / Y Y Y Y
Name of Federal Candidate	I	Support	Office Sought:	House District:
		Oppose	Presiden	t Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disbursement I	,
			Oth	er (specify) -
(a) SUBTOTAL of Itemized Independent Expend	itures		· [	500.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures			7 7
(c) TOTAL Independent Expenditures			·	26706.83
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized c			

[Electronically Filed]

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Date

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